

**San Luis Obispo County Public Health Laboratory
West Nile Virus/California Encephalitis Project Test Request Form**

Report suspected cases to SLOPHD Disease Control & Prevention 781-5506

Specimens will be accepted on cases that meet one of the following case definitions:

- A. ***Viral Encephalitis**** characterized by:
 - Encephalopathy (depressed or altered level of consciousness, lethargy, or personality change), and one or more of the following
 - Fever ($T \geq 38^{\circ}\text{C}$), seizure(s), focal neurologic findings, CSF pleocytosis, abnormal EEG, abnormal neuroimaging.
- B. ***Aseptic meningitis**** (patients ≥ 17 years of age) characterized by:
 - Fever ($T \geq 38^{\circ}\text{C}$), Headache, stiff neck and/or other meningeal signs
 - CSF pleocytosis
- C. ***Acute Flaccid Paralysis/Atypical Guillain-Barré Syndrome**** characterized by:
 - Fever ($T \geq 38^{\circ}\text{C}$), altered mental status, and/or CSF pleocytosis

* The California Encephalitis Project (CEP) at the State of California Department of Health Services offers an extensive battery of testing for encephalitis cases.

Please complete the **CEP Encephalitis Case History Form** to accompany specimens for patients with encephalitis. Specimens will be forwarded to CEP for testing, including definitive testing for WNV.

Please complete the **West Nile Case History Form** to accompany specimens for patients with aseptic meningitis/acute flaccid paralysis/ *Guillain-Barré*. All specimens and case history forms should be submitted to the SLOPH Lab for preliminary WNV and Enterovirus testing. Specimens testing positive with the West Nile Virus Indirect Fluorescent Antibody test will be forwarded immediately to the state laboratory for confirmation.

Instructions for Sending Specimens

Specimens Requested

1. Required

- ☐ **Acute Serum** - $\geq 2\text{cc}$ serum collected ≤ 7 days after onset
 - ☐ **Cerebrospinal Fluid** – 1-2cc CSF *if lumbar puncture was performed*
 - ☐ **Convalescent Serum** - $\geq 2\text{cc}$ serum collected 10-14 days after onset
- Send acute specimens immediately – Do not hold for convalescent**

- ☐ Each specimen should be labeled with **date of collection**, **specimen type**, and **patient name**.
- ☐ Specimens should be sent on **cold pack** – Specimens taken on a weekend or holiday should be refrigerated at $2^{\circ} - 8^{\circ}\text{C}$ and submitted to the Public Health Laboratory as soon as possible.
- ☐ A completed **West Nile Case History** or **CEP Encephalitis Case History** form must accompany the specimens
- ☐ **Send to San Luis Obispo County Public Health Laboratory – call Barbara Schwenoha at 781-5506 for questions about testing.**

West Nile Virus/California Encephalitis Project Test Request Form
IMPORTANT: please complete the form below and submit with specimens

Patient's last name, first name			Patient's mailing address (including Zip code)	
DOB:	Sex (circle): M F	Onset Date:	<div style="border: 1px solid black; padding: 5px;"> This section for Public Health Lab use only. Date received and SLOPH Lab Accession Number </div>	
Physician Name:				
Submitter:				
Medical Record Number:				
Disease suspected <u>or</u> test requested: <input type="checkbox"/> West Nile Virus <input type="checkbox"/> Encephalitis			<div style="border: 1px solid black; padding: 5px;"> This section for Public Health Lab use only. Date received and SLOPH Lab Accession Number </div>	
1 st	Specimen type and/or specimen source	Date Collected		
2 nd	Specimen type and/or specimen source	Date Collected		
3 rd	Specimen type and/or specimen source	Date Collected		

Forward to San Luis Obispo County Public Health Laboratory with Case History form